

APPLICATION FOR EXAMINATION IN SOUTH DAKOTA
South Dakota Cosmetology Commission 500 E Capitol Pierre, SD 57501

Examination Categories and Fees (check only one box) Non-refundable

Cosmetologist\$80 ☐

Esthetician.....\$80 ☐

Nail technician.....\$80 ☐

PRINT CLEARLY. All areas must be completed. The correct examination fee by either check or money order must be attached. If applying for a temporary license a \$6 fee must also be attached.

Personal information

Name: _____ Birth Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone number: _____ Social Security Number: _____

Do you need reasonable testing accommodations due to a disability? ____yes ____no

Education information

School: _____ City: _____ State: _____*

Date completed: _____ Total clock hours of education: _____

*If this is an out-of-state school, you must get a certification from that state's Cosmetology Board. You must also submit a copy of birth certificate, copy of high school diploma or GED, current photograph.

I hereby make application for the state board examinations to be conducted by the Cosmetology Commission. I declare and affirm under the penalties of perjury that this information has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. If granted a temporary license to practice in South Dakota, I promise to abide by all the laws of the state of South Dakota governing these practices.

Signature of Applicant: _____ Date: _____

APPLICATION FOR TEMPORARY SOUTH DAKOTA LICENSE*

Salon name: _____ Telephone: _____

Salon address/city: _____

Owner name: _____ Estimated starting date of employment: _____

NOTE: *All areas must be completed before the license will be issued. Temporary license fee - \$6.00. A temporary license will be issued only when the applicant makes application for a temporary license before taking the examination. This temporary license shall be valid until the examination results are received and is not renewable. If the examinations are failed, the temporary license becomes invalid immediately.

FOR OFFICE USE ONLY. RECEIVED AND FILED:

_____ Student Education Record	_____ Education hours	_____ Release for testing scores
_____ Fee Amount submitted	_____ Educational statement	_____ Temp License requested
_____ Copy of Birth Age	_____ Photo attached	
_____ License No.	_____ Date	examapplicationform07. revised 7/07